



Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



May 3, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of the Watering Hole East, 8300 Northwood's Drive requesting a class C liquor license.

This location was previously known as Legends which held a class C liquor license.

Bryan McFarland has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager.

The applicant completed the required training on September 8<sup>th</sup> 2011.

Stockholder information is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) The Watering Hole East

Street Address #1 8300 Northwoods Drive

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster #2

Zip Code 68505

Premise Telephone number (402)488-8300

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name The Watering Hole East

Street Address #1 762 W Lakeshore Court

Street Address #2 \_\_\_\_\_

City Lincoln

State NE

Zip Code 68528

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 96 feet

Width 60 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

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CONTROL COMMISSION

*See  
attached  
diagram*

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
SEE ATTACHED				RECEIVED
				APR 15 2013
				NEBRASKA LIQUOR CONTROL COMMISSION

### 2. Are you buying the business of a current retail liquor license?

☒ YES ☐ NO

If yes, give name of business and liquor license number Legends Bar & Grill #100708

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment # 7

### 3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number LEGENDS #100708

### 4. Are you filing a temporary operating permit to operate during the application process?

☒ YES ☐ NO

No TOP enclosed

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

### 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: **McFARLAND** First Name: **BRYAN** MI: **A**

Home Address (include PO Box if applicable): **762 W LAKESHORE COURT**

City: **LINCOLN** County: **LANCASTER** Zip Code: ~~68525~~ **68528**

Home Phone Number: **402-261-8280** Business Phone Number: **402-476-7997**

Social Security Number: Drivers License Number & State: **NE**

Date Of Birth: Place Of Birth: **Oakland, CA**

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☐ NO

☒ LEGALLY SEPARATED

Spouse's information

Spouses Last Name: **HOLDEN McFARLAND** First Name: **ANITA** MI: **K**

Social Security Number: Drivers License Number & State: **NE**

Date Of Birth: Place Of Birth: **SEATTLE, WA**

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
LINCOLN, NE	2003	NOW	LINCOLN, NE	2011	NOW
HENDERSON, NV	2001	2003	HENDERSON, NV	2001	2011

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CONTROL COMMISSION

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	Now	Mo Chara, LLC	Self	402-525-8838
2001	2011	Bugeater Investments	Anita McFarland	402-525-2811

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Bryan McFarland				see attached

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

The Watering Hole, The Watering Hole West, Cliffs Lounge, Cliff's Martini Lounge

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

Anita's prints submitted

5. List any alcohol related training and/or experience (when and where).

More than 10 years experience as operations manager of Watering Holes & Cliffs Lounges

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SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSEPORT  
PASSEPORT  
PASAPORT

UNITED STATES OF AMERICA

Expiry / Validity / Valid / Code / Distingo      Passport No. / No. du Passeport / No. da Passaporto

Surname / Name / Address

**MC FARLAND**

Given Names / Prénoms / Nombres

**BRYAN ANDREW**

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

**CALIFORNIA, U.S.A.**

Date of issue / Date de délivrance / Fecha de expedición

14 Nov 2011.

Date of expiration / Date d'expiration / Fecha de caducidad

13 Nov 2021

Endorsements / Mentions Spéciales / Anotaciones

**SEE PAGE 27**

Sex / Sexe / Sexo

M

Authority / Autorité / Autoridad

United States

Department of State

USA

P<USAMC<FARLAND<<BRYAN<ANDREW<<<<<<<<<<<<<

US 

4M2111131247726140<281620

*Le Secrétaire d'Etat des Etats-Unis d'Amérique*  
 *prie par les présentes toutes autorités compétentes de laisser passer le citoyen*  
 *ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni*  
 *difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.*

*El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección posibles.*

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

**NOT VALID UNTIL SIGNED**



**UNITED STATES OF AMERICA**

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte  
**P** **USA**

Surname / Nom / Apellidos  
**MC FARLAND**

Given names / Prénoms / Nombres  
**ANITA KAY**

Nationality / Nationalité / Nacionalidad  
**UNITED STATES OF AMERICA**

Dissance / Fecha de nacimiento

Sex / Sexe / Sexo Place of birth / Lieu de naissance / Lugar de nacimiento  
**F** **WASHINGTON, U.S.A.**

Dates of issue / Date de délivrance / Fecha de expedición  
**14 JUL 2006**

Authority / Autorité / Autoridad  
**United States**

Date of expiration / Date d'expiration / Fecha de caducidad  
**13 JUL 2016**

Department of State

Amendments / Modifications / Enmiendas  
**SEE PAGE 24**

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NEBRASKA LABOR  
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

✓ Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

✓ Name of Registered Agent: Bryan McFarland

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

✓ Mo Chara, LLC

LLC Address: 762 W Lakeshore Court

City: Lincoln State: NE Zip Code: 68528

LLC Phone Number: 402-261-8280 LLC Fax Number: n/a

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: McFarland First Name: Bryan MI: A

Home Address: 762 W Lakeshore Court City: Lincoln

State: NE Zip Code: 68528 Home Phone Number: 402-261-8280

  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster

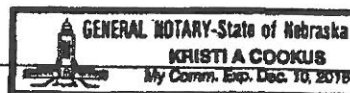
April 5, 2013  
Date

Kristi A Cookus

The foregoing instrument was acknowledged before me this

by Bryan McFarland  
name of person acknowledge

Affix Seal





List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: McFarland First Name: Bryan MI: A

Social Security Number: --- Date of Birth: ---

Spouse Full Name (indicate N/A if single): Legally separated from Anita Holden McFarland

Spouse Social Security Number: --- Date of Birth: ---

Percentage of member ownership 100%

*Printson  
file  
signed  
passport  
voter reg  
signed  
PRINTS  
passport*

Last Name: --- First Name: --- MI: ---

Social Security Number: --- Date of Birth: ---

Spouse Full Name (indicate N/A if single): ---

Spouse Social Security Number: --- Date of Birth: ---

Percentage of member ownership ---

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Last Name: --- First Name: --- MI: ---

Social Security Number: --- Date of Birth: ---

Spouse Full Name (indicate N/A if single): ---

Spouse Social Security Number: --- Date of Birth: ---

Percentage of member ownership ---

Last Name: --- First Name: --- MI: ---

Social Security Number: --- Date of Birth: ---

Spouse Full Name (indicate N/A if single): ---

Spouse Social Security Number: --- Date of Birth: ---

Percentage of member ownership ---

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
FOREIGN LIMITED LIABILITY COMPANY**

Submit in Duplicate

John A. Gale, Secretary of State  
Room 1301 State Capitol, P.O. Box 94608  
Lincoln, NE 68509  
(402) 471-4079  
<http://www.sos.ne.gov>



An original certificate of existence from the appropriate authority in the jurisdiction or state under whose laws the limited liability company was organized must be filed with this document.

NOTE: A certified copy of the company's certificate of organization may not be filed in lieu of a certificate of existence.

Name of Limited Liability Company MO CHARA, LLC

Alternate Name

(complete only if actual name is unavailable for use or does not comply with Nebraska law)

Name and address of registered agent in Nebraska:

Registered Agent Name: BRYAN A McFARLAND

Registered Agent Address: 762 W LAKESHORE COURT LINCOLN NE 68528  
Street Address and Mailing Address City State Zip  
and Post Office Box Number (if any)

Address of Principal Office:

1418 N SCOTTSDALE ROAD, #503 SCOTTSDALE AZ 85257  
Street and Mailing Address City State Zip

If required by state or jurisdiction of organization, office maintained in that jurisdiction;

Street and Mailing Address City State Zip

Organized under the laws of the State or Jurisdiction of NEVADA

Nature of the Business, purposes to be conducted or promoted in this state or professional services being rendered:

INVESTMENTS AND BUSINESS ACQUISITIONS

Effective date if other than the date filed 10-6-11

Signature of Authorized Representative

BRYAN A McFARLAND

Printed name of Authorized Representative

FILING FEE: \$120.00  
January 1, 2011

Neb. Rev. Stat. 2-105

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Bryan - Crim Hist

#1

%APPEND-E-OPENIN, error opening HT\_ROOT:[HTTPSNOBODY]RECBDLIS; as input -RMS-E-FNF, file not found %DELETE-W-SEARCHFAIL, error searching for HT\_ROOT:[HTTPSNOBODY]RECBDLIS;\* -RMS-E-FNF, file not found %DELETE-W-SEARCHFAIL, error searching for HT\_ROOT:[HTTPSNOBODY]RECBDLIS;\* -RMS-E-FNF, file not found



## LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "END OF LISTING" does not appear at the bottom of this report, then this list is not complete.

FOR: BRYAN ANDREW MCFARLAND, Male, DOB:

Date of listing: 12-15-2009

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Arrested 12-14-1996	for (M)3RD DEG ASSAULT	Case
Disposed 03-28-1997	as (M)DISTURBING THE PEACE	Cit#
FOUND GUILTY		
01 YRS PROB DISCHARGED OFF PROBATION 03-27-98		
Cited on 01-02-1995	for (M)ASSAULT, STRIKE OR CAUSE BODILY INJURY	Case
Disposed 04-19-1995	as (M)DISTURBING THE PEACE	Ci
FOUND GUILTY Fined \$100.00		
Cited on 07-18-1992	for (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Case
Disposed 09-30-1992	as (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Cit
FOUND GUILTY Fined \$100.00		
Arrested 08-23-1986	for (M)DRIVE DURING SUSPENSION - 1ST OFFENSE	Ca
Disposed 02-13-1987	as (M)DRIVE DURING SUSPENSION - 1ST OFFENSE	Cit
FOUND GUILTY Fined \$250.00 & Sentenced 10 DAYS		

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Bryan - Crim Hist

#1

LPD Public Record Criminal History

12/15/09 1:35 PM

Cited on 03-28-1986	for (M)UNLAWFUL TO MAKE FALSE STATEMENT TO OFFIC	Case
Disposed 05-09-1986	as (M)UNLAWFUL TO MAKE FALSE STATEMENT TO OFFIC	Cit#
FOUND GUILTY Fined \$100.00		

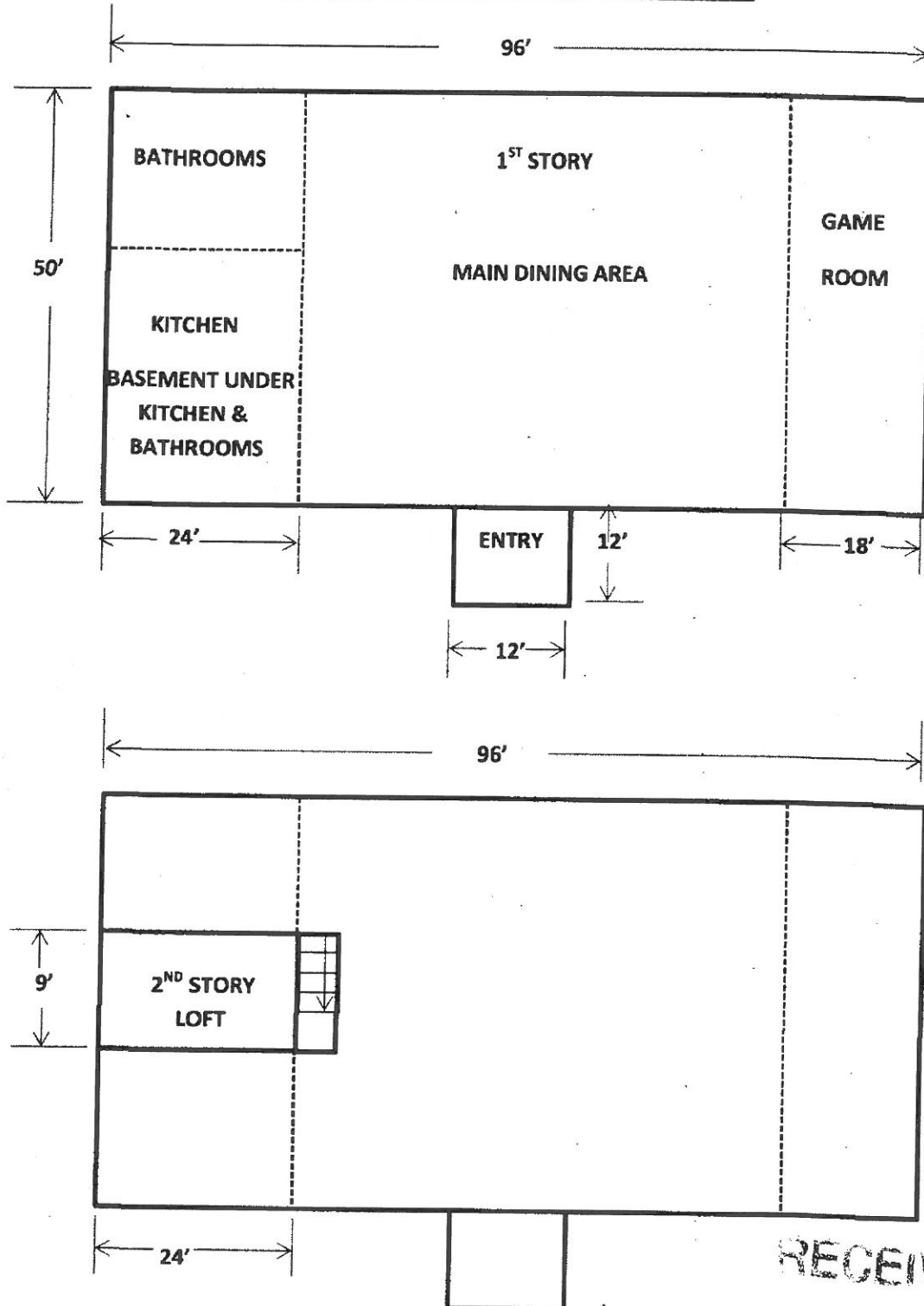
\*\*\* END OF LISTING \*\*\*

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# Watering Hole East Layout



one story building approx 62' x 96'  
including loft area

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